

# REPLACEMENT CARD APPLICATION

## Regional Transit Connection (RTC) card

**This application is for:** Those who have lost (including theft) or damaged their RTC card and need it replaced.



There is a \$3 application fee to replace your RTC card.

- If you are paying with cash, please go to a transit agency (see 511 for locations).
- If you are paying with a check or money order, please make it payable to 'RTC' and mail your payment/application to:

RTC  
PO Box 7006  
Stockton, CA 95267

Your lost/stolen/damaged RTC card will be deactivated by Clipper once your replacement application is processed. When you receive your new RTC card please reach out to the Clipper Customer Service Center at 877-878-8883 (TDD/TTY: 711) to transfer any funds from your previous RTC card to the new card.

The RTC program allows 3 card replacements per year (12-month rolling period). There is a policy exception for more than 3 card replacements per year for customers that are prone to losing personal items due to the nature of their disability. Please have your Certifier fill out the Disability Justification Form and mail it to the address above.

### Applicant Information - Please print clearly

**Full Name (required):** \_\_\_\_\_

RTC ID Number (if known): \_\_\_\_\_

**Birthdate (M/D/Y) (required):** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Preferred communication method (required):** US Mail  Braille (Mailed)  Email

Preferred Written Language: English  Spanish  Tagalog  Chinese  Other: \_\_\_\_\_

Preferred Phone Number:  Home  Cell \_\_\_\_\_ Additional: \_\_\_\_\_

**I would like my card mailed to (required):** my address above  a transit agency for pickup   
(transit agency name) \_\_\_\_\_

*I certify that my eligibility has not changed since my last RTC application. I attest that the information on this application is true and correct. I understand that fraud or a misstatement of fact will disqualify me from receiving the benefits of the RTC Program. I also agree to provide additional information that may be requested as part of this process.*

**Signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_